

HOME OFFICE EVALUATION FORM

Remote Workers should evaluate their home office setup to ensure it will be appropriate for the success of their arrangement.

Description Of Work Location

Employee's home work area:

(Please specify room or area of work)

Workstation Setup

1. If in basement, will there be a problem with moisture?

Yes

No

Not Applicable

2. Separate from major family activity area?

Yes

No

Not Applicable

4. Background or distracting noise is minimal? (television, other persons, outside traffic)

Yes

No

5. Equipment not easily viewed from outside/external areas?

Yes

No

6. Office furniture and equipment ergonomically correct as specified at

http://www.ors.od.nih.gov/sr/dohs/HealthAndSafety/Ergonomics/Pages/ergonomics_home.aspx?

Yes

No

7. Lighting: Directed behind or to the side of the vision not in front of or above it?

Yes

No

8. Storage: Two or four file cabinet drawers needed?

Yes

No

9. Supplies/resources close to desk?

Yes

No

10. Does home office comply with lease/association agreement?

Yes

No

Not Applicable

Safety

1. Safe exit path from work area (recommended width = 36 inch)?

Yes No

2. Evacuation plans established?

Yes No

3. Smoke detector/alarm present and functional?

Yes No

4. Fire extinguisher near work area?

Yes No

5. First aid supplies adequate?

Yes No

6. Extension/power cords secured and in safe condition?

Yes No

7. Electrical outlets not overloaded?

Yes No

8. No tripping hazards with electrical cords, loose rugs or carpet?

Yes No

9. Equipment out of direct sunlight and away from heaters?

Yes No

10. Air quality/ventilation adequate?

Yes No

11. Uncluttered work environment (amount of paper at reasonable level)?

Yes No

12. Overhead shelves or cabinets not in hazardous locations?

Yes No

13. Do you have Homeowner's Insurance?

Yes No Not Applicable

14. Do you have Renter's Insurance?

Yes No Not Applicable

15. Do you have Liability Insurance?

Yes

No

Not Applicable

16. To the best of your knowledge, is the space free of material containing asbestos?

Yes

No

17. A drinkable water supply available?

Yes

No

18. Lavatory available with hot and cold running water?

Yes

No

19. All stairs with four or more steps equipped with handrails?

Yes

No

Not Applicable

Security

1. Lock on office door or file cabinet drawers?

Yes

No

Not Applicable

2. Power surge protectors in use?

Yes

No

Not Applicable

3. Protective or secure storage for electronic media (floppy disks, CDs, DVDs)?

Yes

No

Not Applicable

4. Privacy for confidential phone conversation?

Yes

No

Not Applicable

Hardware Inventory

From the following list, select the hardware provided by the Employee

No hardware provided by employee

Cable modem

Telephone

Chair

Cell phone

Locked filing cabinet

Computer

Desk

Second telephone line

Voice mail system

DSL

Answering machine

Other:

From the following list, select the hardware provided by the Employer

No hardware provided by employer

Telephone

Cell phone

Computer

Second telephone line

Blackberry/ Mobile Device

Cable modem

Other:

Chair

Locked filing cabinet

Desk

Voice mail system

Answering machine

DSL

Employee Signature

Date

Manager Signature

Date